

FEDERAL REGISTER, JULY 16, 2015

PROPOSED NEW QAPI REGULATIONS FOR NURSING HOMES

CMS CHANGES

The proposed rule would revise the requirements that Long-Term Care facilities must meet to participate in the Medicare and Medicaid programs. The proposals are an integral part of efforts to achieve broad-based improvements both in the quality of health care furnished through federal programs, and in patient safety, while at the same time reducing procedural burdens on providers.



Quality Assurance and Performance Improvement

Under requirements of the Affordable Care Act of 2010, all skilled nursing facilities/nursing facilities will be required to establish and implement a Quality Assurance and Performance Improvement (QAPI) initiative, including those that are part of a multi-unit chain of facilities.

Quality Assessment and Assurance (QAA) Committee

Currently each nursing facility is required to maintain a QAA Committee that includes minimally the Director of Nursing, a physician designated by the facility and three other members of the facility's staff.

New: The Infection Control and Prevention Officer will now participate in the QAA Committee. The Committee membership may, at the facility's discretion, also include additional individuals, for example some facilities may wish to include a pharmacist to coordinate QAPI activities related to reducing the use of psychotropic medications. The QAA Committee may also benefit from including individuals such as a resident council president, or directors of social services or activities. The committee will review and analyze data collected as part of the QAPI program, including an annual performance improvement project (PIPs) that focuses on high risk/problem prone area, and data from pharmacists resulting from monthly drug regimen reviews and reports.

"We propose to clarify that quality of care and quality of life are overarching principles in the delivery of care to residents of nursing homes."

Quality Assurance & Performance Improvement Activities

New: The QAA Committee will now be required to use QAPI techniques to monitor and evaluate the performance of their facility. A facility will be required to develop, implement, and maintain an effective, comprehensive, data-driven QAPI plan that focuses on systems of care, outcomes and services for residents and staff. The QAPI plan would be designed to monitor and evaluate performance of all services and programs of the facility, including services provided under contract or arrangement.

New: Each facility will be required to design and incorporate quality improvement into their facility routine. Each facility's governing body will ensure that the QAPI plan is defined, implemented and maintained to address identified priorities.

New: Nursing facilities may already be conducting quality assurance activities. A facility will need to submit a QAPI plan that includes a description of how it will coordinate implementation of QAPI with current quality assurance activities being conducted.

New: A facility will be required to maintain documentation and demonstrate evidence of the facility's QAPI Plan. Each facility must present, and have available upon request, their ongoing QAPI Plan to the State Agency Surveyor, as well as to a federal surveyor or CMS at the first annual recertification survey that occurs at least 1 year after the effective date of these regulations, and at each annual recertification survey. The State Agency will consider the QAPI plan in making its certification recommendations and providing evidence to CMS for compliance determination.

What does this mean?

As a part of the QAPI process each facility will:

- Create a system to obtain and use feedback from direct care workers, staff, residents, resident representatives and family members to identify opportunities for improvement.
- Identify, collect, and use data from all departments to identify high risk or problem-prone areas.
- Determine a method for developing, monitoring, and evaluating performance indicators.
- Identify a process for identifying, reporting, analyzing and preventing adverse events or near misses. This would include methods by which a facility would obtain information on adverse events and potential adverse events from residents, family and direct care/direct access staff, and how the facility will address and investigate the adverse event or potential adverse event and provide feedback to those same individuals.



The QAPI plan, when implemented, will be required to address all systems of care and management practices – and will always include clinical care, quality of life and resident choice.

QAPI Focus

The QAPI plan will establish priorities that focus on

- Patient safety
- Coordination of care
- Autonomy
- Choice
- High risk, high volume, and/ problem prone areas

QAPI Requirements

Each QAPI plan must:

- Be sustained during leadership or staff transitions.
- Guarantee adequate resources – ensuring enough staff time, equipment and training is provided.
- Identify and prioritize problems and opportunities based on performance indicator data, resident and staff input, services provided to residents, corrective actions, safety, and quality expectations.
- Track medical errors and adverse resident events, analyze their causes, and implement preventative actions that include feedback and lessons learned.
- Include mandatory training for staff on QAPI.
- Provide access to QAPI systems and reports that demonstrates a facility is in compliance.

TIME COMMITMENT

CMS time estimates for QAPI:

- Initial setup time of 56 hours to develop and document a QAPI program
 - 30 hours: administrator or coordinator develop overall QAPI program
 - 20 hours: 10 hours director of nursing and 10 hours registered nurse review and provide input on clinical services
 - 4 hours: physician review and provide medical input
 - 2 hours: office assistant to prepare and distribute draft and final plans
- 20 hours annually: ongoing collecting and analyzing data for QAPI activities

There is help---

- The **CMS Website** provides links for Guides to Quality as well as several helpful websites for accessing QAPI tools <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/qapiresources.html>
- A **Process Tool Framework** has been created to crosswalk each CMS Process Tool to the QAPI Five Elements <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/ProcessToolFramework.pdf>
- The **QIO Network** provides technical assistance and works with providers to focus on quality improvement measures, such as decreasing healthcare associated conditions, and engaging with providers participating in the National Nursing Home Quality Care Collaborative <http://www.qioprogram.org/>
- The **Advancing Excellence in America's Nursing Homes** Campaign offers free tools and resources to support evidence-based quality improvement programs on nine goals <http://www.nhqualitycampaign.org>